

# 2016 PEBB Retiree Monthly Rates

Effective January 1, 2016

## Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

For more information on these requirements, contact your health plan's customer service department.

Medical Plans				
Members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
Group Health Classic	\$610.78	\$1,215.53	\$1,064.34	\$1,669.09
Group Health CDHP	522.80	1,034.28	920.99	1,374.14
Group Health SoundChoice	538.09	1,070.15	937.14	1,469.20
Group Health Value	573.99	1,141.95	999.96	1,567.92
Kaiser Permanente Classic	637.32	1,268.61	1,110.79	1,742.08
Kaiser Permanente CDHP	530.09	1,048.36	933.38	1,393.32
UMP Classic	576.78	1,147.53	1,004.84	1,575.59
UMP CDHP	522.47	1,033.62	920.42	1,373.24
UMP Plus—PSHVN	552.40	1,098.77	962.18	1,508.55
UMP Plus—UW Medicine ACN	552.40	1,098.77	962.18	1,508.55

Members enrolled in Part A and Part B of Medicare:	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Group Health Classic	N/A†	\$740.65	N/A†	\$589.46	N/A†	\$1,194.21	\$719.33	N/A†
Group Health Medicare Plan	\$135.90	N/A†	\$265.77	N/A†	\$265.77	N/A†	N/A†	\$395.64
Group Health SoundChoice	N/A†	667.96	N/A†	534.95	N/A†	1,067.01	664.82	N/A†
Group Health Value	N/A†	703.86	N/A†	561.87	N/A†	1,129.83	691.74	N/A†
Kaiser Permanente Senior Advantage	158.70	789.99††	311.37	632.17††	311.37	1,263.46††	784.84††	464.04
UMP Classic	267.89	838.64	529.75	695.95	529.75	1,266.70	957.81	791.61

(continued)

\* or registered domestic partner

† If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic, SoundChoice, or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

†† If a Kaiser Permanente subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member will be enrolled in Kaiser Permanente Classic. The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente Senior Advantage.

### Medicare Supplement Plan F (Group), administered by Premera Blue Cross

	Subscriber Only	Subscriber and Spouse*			Subscriber and Child(ren)	Full Family		
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible**	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
<b>Plan F</b> Age 65 or older, eligible by age	\$109.86	\$680.61	\$312.87	\$213.69	\$537.92	\$1,108.67	\$740.93	\$641.75
<b>Plan F</b> Under age 65, eligible by disability	209.04	779.79	312.87	412.05	637.10	1,207.85	740.93	840.11

\*or registered domestic partner

\*\* If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

**Medicare rates shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.**

### Monthly Premium Surcharges

The following surcharges will be billed in addition to the medical plan premiums due from subscribers. **These surcharges do not apply if the subscriber is also enrolled in Medicare Part A and Part B.**

- A monthly \$25-per-account surcharge will apply if the subscriber or one or more of the enrolled family members (age 13 or older) use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or registered domestic partner, and the spouse or partner has chosen not to enroll in medical coverage through his or her employer-based group medical insurance that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2016 Premium Surcharge Help Sheet* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb).

### Dental Plans with Medical Plan

	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
DeltaCare, administered by Delta Dental of Washington	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan, administered by Delta Dental of Washington	44.63	89.26	89.26	133.89
Willamette Dental of Washington, Inc.	42.37	84.74	84.74	127.11

\*or registered domestic partner

**Retiree Life Insurance Self-Pay Rate – \$7.75 per month**